



HAND DELIVERED

Due By April 30, 2010

ID#105894
09 FS-1*Rhode Island Ethics Commission***2009 YEARLY FINANCIAL STATEMENT**

DANIEL DAPONTE
48 VINE STREET #1
EAST PROVIDENCE RI 02914-

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 APR 30 AM 9:30

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. DAPONTE (LAST) DANIEL (FIRST) (INITIAL)

2. 48 VINE ST. Apt. 1 (STREET) E. PROVIDENCE (CITY/TOWN) 02914 (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE SENATOR - SENATE DISTRICT 14
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/3/98 (date) I was appointed on _____ (date) I was hired on _____ (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

STATE SENATOR - SENATE DISTRICT 14

5. List the following: NAME OF SPOUSE

MARCIA VITORIA FURTADO SOUSA

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYED

NAME AND ADDRESS
OF EMPLOYER OR OCCUPATION

DATES AND NATURE
OF SERVICES RENDERED

PLEASE SEE ATTACHED

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

PLEASE SEE ATTACHED

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST:

N/A

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME:

ASSETS:

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

PLEASE SEE ATTACHED

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Daniel Da Ponte
48 Vine Street, Apt. 1
East Providence, RI 02914

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

Name of Family Member Employed	Name and Address of Employer or Occupation	Dates and Nature of Services Rendered
Self	Self-Employed Financial Consultant Axis Financial Group Inc. - President 187 Warren Avenue East Providence, RI 02914	5/6/05 – present financial consulting
Self	State of Rhode Island Senate 82 Smith Street Providence, RI 02903	11/3/98 – present state senator
Marcia Sousa – spouse	Lucromais, Lda Accountant Rua Espirito Santo, n. 77 R/C Faja de Baixo, P. Delgada, Azores, Portugal	01/01 – 4/31/09 accounting

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

Names	Nature of Interest	Address or Description
Daniel Da Ponte & Jason M. Da Ponte	Owners	14449 Ahearn Court Port Charlotte, FL
Daniel Da Ponte & Jason M. Da Ponte	Owners	1000 Gardens Edge Dr. Unit 1022 Venice, FL

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Daniel Da Ponte
48 Vine Street, Apt. 1
East Providence, RI 02914

7. *continued*

Name	Nature of Interest	Address or Description
Marcia Sousa	Owner	Condominium Rua Nova Prestes, n. 19 S. Roque, S. Miguel Azores, Portugal
Marcia Sousa	Owner	Condominium Rua Manuel Amaral, n. 4 P. Delgada, S. Miguel Azores, Portugal

9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or management position

Name of Family Member Employed	Name and Address of Business	Position
Self	Axis Financial Group Inc. 187 Warren Avenue East Providence, RI 02914	Owner/President
Self	Axis Insurance Group, LLC 116 Ivy Street East Providence, RI 02914	Partner terminated 12/31/2009
Self	Casa dos Acores da Nova Inglaterra (House of the Azores of New England) 160 Orchard Street East Providence, RI 02914	Board Member Terminated 1/31/2010
Marcia Sousa	Casa dos Acores da Nova Inglaterra (House of the Azores of New England) 160 Orchard Street East Providence, RI 02914	Secretary General Assembly 2/1/2010 to present

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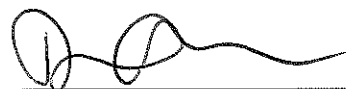
Daniel Da Ponte
48 Vine Street, Apt. 1
East Providence, RI 02914

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

Name of Family Member	Name and Address of Business
Self	Axis Financial Group Inc. 187 Warren Avenue East Providence, RI 02914
Self	Axis Insurance Group, LLC terminated 12/31/2009 116 Ivy Street East Providence, RI 02914
Self	General Electric (GE) - common stock Federal Home Loan Bank cusip 3128X8QF2

16. If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars (\$1,000) to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage or record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

Name and address of debtor	Name and address of lender
Daniel Da Ponte 48 Vine Street, Apt. 1 East Providence, RI 02914	Central Loan Administration P.O. Box 211091 Eagan, MN, 08628
Marcia Sousa 48 Vine Street, Apt. 1 East Providence, RI 02914	Banif Rua Eng. Jose Cordeiro, 83-87A 9500-311, P. Delgada, S. Miguel Acores, Portugal
Marcia Sousa 48 Vine Street, Apt. 1 East Providence, RI 02914	Millennium BCP Rua Nossa Sra. Da Conceicao, 106 9600-568, Ribeira Grande Acores, Portugal


Signature

4/28/10
Date

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

PLEASE SEE ATTACHED

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

UNKNOWN

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

UNKNOWN

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

N/A

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

PLEASE SEE ATTACHED

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of

Providence

SIGNATURE

4/28/10

Subscribed and sworn to before me at Providence

this 28th day of April 2010.

My Commission expires:

1/12/14

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.